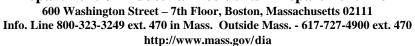
FORM 116A

The Commonwealth of Massachusetts

Department of Industrial Accidents – Department 116A



DIA Board # (If Known):

CONSENT OF EMPLOYER TO LUMP SUM SETTLEMENT

I,	, sole proprietor/partner/corporate officer	
of		
	(business name)	
located at		
	(address)	
(city)	, (sta	ate)
and experience-modified i	nsured of	
-	(workers' comp. insu	rance carrier)
hereby consent to paymen	t of a lump sum settlement in th	e gross amount of
\$	in workers' co	ompensation in the
case of	The terms of such settlement are	
more fully set forth in the	attached lump sum agreement.	
Signed this	day of	, 20,
	of Section 48 of Chapter 152 of	
-	recently amended by Section 74	
the Acts of 1991.	•	•
	(signature	2)